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Poster Abstract

Patient-Centered Health Care Delivery Systems: Does expected utility change depending on different information regarding the disease?

Axel C Mühlbacher, Professor for Health Economics and Healthcare Management, Hochschule Neubrandenburg, Institute Health Economics and Healthcare Management; Germany; 2010-2011 Harkness Fellow in Health Care Policy and Practice; The Commonwealth Fund, New York, USA; Duke University, Durham, NC, USA

Susanne Bethge, Research Fellow, Hochschule Neubrandenburg, Institute Health Economics and Healthcare Management; 2010-2011 BMEP Research Scholar, International Academy of Life Science, Germany

Kevin A. Schulman, Duke Clinical Research Institute (DCRI) Associate Director, Health Services Research Director, Center for Clinical and Genetic Economics, Duke University, Durham, NC, USA

Correspondence to: **Axel C Mühlbacher**, Institute Health Economics and Healthcare Management; Germany; Phone: +49 39556933108, E-mail: muehlbacher@hs-nb.de

Abstract:

Objectives: Patient-centered care is seen as a critical factor in a high-performance healthcare system. We considered a randomized decision-situation in which the available information is given by three hypothetical health states.

Methods: Within a discrete-choice experiment 21 characteristics of a healthcare delivery system are being used to construct 4 DCEs based on thematic mapping (patient-involvement; point of care; personnel; organization). Each DCE included six attributes with three specific levels. Respondents were randomly assigned and asked to make their decisions based on different information sets.

Results: For N=3900 respondents the feature “out-of-pocket costs” was the important attribute across all 4 DCEs (DCE-1coefficient: 0,6550; DCE-2coefficient: 0,8624; DCE-3coefficient, 0,6991; DCE-4coefficient, 0,7926). The relevance of the “out-of-pocket cost” changed when respondents were asked to consider their responses in the context of diabetes or lung cancer diagnosis (status-quo: 0.6749; diabetes: 0.81145; lung-cancer: 0.50431). Furthermore, the feature “trust and respect” (status-quo: 0.70338; diabetes: 0.65555; lung-cancer: 0.6369) was also less valuable when participants assumed a worse health state.

Conclusions: The study aimed to close the gap between simplistic representations of patient preferences in today’s healthcare systems and the complexity of actual patient decision-making processes by using the explanatory power of DCEs. Understanding how patients perceive and value different aspects of coordinated-care is vital to the optimal design and evaluation of programs.

Keywords

patient preferences, Discrete-Choice Experiment, Expected Utility, Patient-Centered Health Care Delivery Systems, United States
